B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT			INVOLUNTARY	
District of Oregon			PETITION	
IN RE (Name of Debtor - If Individual: Last, First, Middle)			ES used by debtor in the last 8 years aiden, and trade names.)	
Phantom Tours, LLC.				
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.): 264647438				
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)		MAILING ADDRE	SS OF DEBTOR (If different from street address)	
1115 NW Northrup Street Portland, Oregon 97209			600 17th Street, Suite 2800 Denver, Co. 80202-5428	
	COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS			
Multnomah ZIP CODE		DE	ZIP CODE	
	97209		80202	
LOCATION OF PRINCIPAL ASSETS OF BUSINES	S DEBTOR (If different from	n previously listed address	ses)	
CHAPTER OF BANKRUPTCY CODE UNDER WH				
☐ Chapter 7				
INFOR	MATION REGARDING DI	EBTOR (Check applicab	le boxes)	
Nature of Debts (Check one box.)	Type of Debtor (Form of Organization)		Nature of Business (Check one box.) Health Care Business	
Petitioners believe:	☐ Individual (Includes Joint Debtor) ☐ Corporation (Includes LLC and LLP)		Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B)	
☐ Debts are primarily consumer debts	✓ Partnership Other (If debtor is not one of the above entities.		Railroad Stockbroker	
Debts are primarily business debts	check this box and state		Commodity Broker Clearing Bank	
			✓ Other	
VENUE			FILING FEE (Check one box)	
Debtor has been domiciled or has had a residence,	• • 1	✓ Full Filing Fee attache	ed	
place of business, or principal assets in the District days immediately preceding the date of this petition	n or for		Petitioner is a child support creditor or its representative, and the form	
a longer part of such 180 days than in any other Di	strict.	specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. [If a child support creditor or its representative is a petitioner, and if the		
☐ A bankruptcy case concerning debtor's affiliate, general p			pecified in § 304(g) of the Bankruptcy Reform Act of	
PENDING BANKRU OR AFFILIATE OF THIS DEI	JPTCY CASE FILED BY O			
Name of Debtor	Case Number	i my would be seen on a	Date	
Relationship	District		Judge	
ALLEGATIONS (Check applicable boxes)			COURT USE ONLY	
 Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). The debtor is a person against whom an order for relief may be entered under title States Code. The debtor is generally not paying such debtor's debts as they become due, unles the subject of a bona fide dispute as to liability or amount;		er title 11 of the United	TO MAR	
agent appointed or authorized to take charge of debtor for the purpose of enforcing a lien again	of less than substantially all of	the property of the	MAR -1 P2 3	

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Name of Debtor_	Phantom Tours,LLC.
Casa No.	

TRANSFER	DE CLAIM				
Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).					
REQUEST FOR RELIEF Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.					
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. x_Atthesy					
Signature of Petitioner or Representative (State title) Alexsey Trubetsky	Signature of Attorney Date				
Name of Petitioner Date Signed	Name of Attorney Firm (If any)				
Name & Mailing 6005 S. Eastern Avenue Address of Individual #15	Address				
Signing in Representative Las Vegas, N.V. 89119	Telephone No.				
xSignature of Petitioner or Representative (State title)	xSignature of Attorney	Date			
Name of Petitioner Date Signed	Name of Attorney Firm (If any)				
Name & Mailing	Address				
Address of Individual Signing in Representative Capacity	Telephone No.				
х	x	<u>-</u>			
Signature of Petitioner or Representative (State title)	Signature of Attorney Date				
Name of Petitioner Date Signed	Name of Attorney Firm (If any)				
Name & Mailing Address of Individual	Address				
Signing in Representative Capacity	Telephone No.				
PETITIONING O	REDITORS				
Name and Address of Petitioner	Nature of Claim Amount of Claim				
Alexsey Trubetsky	salary and commissions	15,668.00			
Name and Address of Petitioner	Nature of Claim Amount of Claim				
Name and Address of Petitioner	Nature of Claim Amount of Claim	-			
Note: If there are more than three petitioners, attach additional sheets we penalty of perjury, each petitioner's signature under the statemer and petitioning creditor information in the format above.		titioners'			

continuation sheets attached